

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006107

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 309C

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 11 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
10397			
20220			
3			
4 1			
5 0			
6			
7 0			
8 2			
9 X			
10			
11 039			
12 1-3			
13			
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u>		c. CITY OR TOWN <u>Bruner, RFD</u>	
Length of stay in 1b <u>DOA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge-Protestant Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>3 1/2 Miles NE</u>	
3. NAME OF DECEASED (Type or print) First <u>Martha</u> Middle <u>June</u> Last <u>Watkins</u>		4. DATE OF DEATH <u>February 24, 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/13/1940</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hagale Garment</u>	
13a. FATHER'S NAME <u>William Franklin Watkins</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Swearingin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Mr. William Franklin Watkins, Bruner, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probable crushing skull & chest injuries</u>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Two car accident on State Highway No "13" near Brighton, Missouri</u>	
20c. TIME OF DEATH Hour <u>approx 8:15P.M.</u> Month, Day, Year <u>2/24/63</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Highway "13"</u>	20f. CITY, TOWN, OR LOCATION <u>Springfield, Greene, Missouri</u>	
21. I attended the deceased from _____, to _____, and last saw her alive on _____. Death occurred at <u>approx 8:15P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ralph H. Thomas</u> (Degree or title) <u>Greene County Coroner</u>		22b. ADDRESS <u>1200 Boonville Springfield, Missouri</u>	
22c. DATE SIGNED <u>3-6-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/28/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Chapel Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Bruner, Missouri</u>			
24. FUNERAL DIRECTOR <u>J. Alan Harris</u>		25. DATE RECD. BY LOCAL REG. <u>Mar 8, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Effie E. Meelen</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or, by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

John Harris

Licensed Embalmer No. 4390

P. O. Address Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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